

U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

B5 (Official Form 5) (12/07) - Page 2

Name of Debtor SIMON TAUB

Case No. \_\_\_\_\_

TRANSFER OF CLAIM		
Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> <u>Katalin Pota</u> <u>9/29/2010</u> Signature of Petitioner or Representative (State title) _____ <u>KATALIN POTA</u> <u>9/29/2010</u> Name of Petitioner _____ Date Signed _____  Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____ <u>KATALIN POTA</u> <u>POB 7442</u> <u>NEW YORK NY 10150</u>	<input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date _____  Name of Attorney Firm (If any) _____  Address _____  Telephone No. _____	
<input type="checkbox"/> _____ Signature of Petitioner or Representative (State title) _____  Name of Petitioner _____ Date Signed _____  Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input type="checkbox"/> _____ Signature of Attorney _____ Date _____  Name of Attorney Firm (If any) _____  Address _____  Telephone No. _____	
<input type="checkbox"/> _____ Signature of Petitioner or Representative (State title) _____  Name of Petitioner _____ Date Signed _____  Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input type="checkbox"/> _____ Signature of Attorney _____ Date _____  Name of Attorney Firm (If any) _____  Address _____  Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>KATALIN POTA, POB 7442, NEW YORK NY 10150</u>		<u>\$200,000.00</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached